

CALIFORNIA HAZARDOUS WASTE MANIFEST

See reverse side for Instructions.
Please type of print clearly. Press Hard.

57377

State Department of Health Services
HAZARDOUS MATERIALS MANAGEMENT SECTION
744 P Street, Sacramento, CA 95814

① Manifest Number **015-002315**

GENERATOR (Generator Must Complete) ALUMINUM COMPANY OF AMERICA - VERNON WORKS EPA NO. C A D O 7 4 1 2 6 6 8 1 Address 5151 Alcoa Ave. Phone No. 588-6141 City, State, Zip Vernon, CA 90058		③ Designated TSD Facility (Authorized to operate under an approved state program or federal program) OPERATING INDUSTRIES, INC. EPA NO. C A D O 8 0 0 1 2 0 2 4 Address 900 N. Potrero Grande Dr. City, State, Zip Monterey Park, CA		④ Alternate TSD Facility CHEMICAL WASTE MANAGEMENT INC. EPA NO. C I A T O 0 0 6 4 6 1 1 7 Address P.O. Box 1104, 430 W. Elm Ave. City, State, Zip Coalingo, CA 93210	
⑤ U.S. DOT PROPER SHIPPING NAME WASTE WASTE		U.S. DOT HAZARD CLASS 		UN/NA ID NO. 	
⑥ WASTE CATEGORY #7		⑦ EX. HAZ. WASTE PERMIT NO.		⑧ GENERATING PROCESS Aluminum Fabrication	
LIST COMPONENTS: ⑨ A. _____ B. _____ C. _____ D. _____		CONC. UPPER RANGE LOWER UNITS ⑩ pH 7 ⑪ PHYSICAL STATE: <input type="checkbox"/> Solid <input checked="" type="checkbox"/> Liquid <input checked="" type="checkbox"/> Sludge <input type="checkbox"/> Slurry <input type="checkbox"/> Gas <input checked="" type="checkbox"/> Other Aluminum Oxides & Water ⑫ SPECIAL HANDLING INSTRUCTIONS: <input type="checkbox"/> Gloves <input type="checkbox"/> Goggles <input type="checkbox"/> Respirator <input type="checkbox"/> Other		TYPE: <input type="checkbox"/> DRUMS <input type="checkbox"/> BAGS <input type="checkbox"/> CARTONS <input type="checkbox"/> TANK TRUCK <input type="checkbox"/> DUMP TRUCK <input type="checkbox"/> OTHER CONTAINERS NUMBER: Non Hazardous Material 100 %	
GENERATOR CERTIFICATION: This is to certify that the above named materials are properly classified, described, packaged, marked, labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and EPA.					
IN THE EVENT OF A SPILL, CONTACT THE NATIONAL RESPONSE CENTER, U.S. COAST GUARD 1-800-424-8802		⑬ Signature of Authorized Agent and Title		⑭ 6-12-81 Date Shipped	
TRANSPORTER (HAULER MUST COMPLETE)					
⑮ NAME ASBURY OIL CO. EPA NO. C A D O 2 8 2 7 7 0 3 6 ADDRESS 13419 Halldale Avenue PHONE NO. (213) 321-1392 CITY, STATE, ZIP Gardena, California 90249					
⑯ PICK-UP DATE 6-12-81 TIME 7:30 AM <input type="checkbox"/> PM					
⑰ Signature of Authorized Agent and Title					
⑱ 6-12-81 Date					
TSD FACILITY (FACILITY-OPERATOR MUST COMPLETE)					
⑲ NAME OPERATING TSD FACILITY ⑲ QUANTITY (If Measured) 1000 LBS EPA NO. C A D O 8 0 0 1 2 0 2 4 ⑲ STATE FEE (If Any) _____ PHONE NO. _____					
⑳ INDICATE ANY SIGNIFICANT DISCREPANCIES BETWEEN MANIFEST AND SHIPMENT: IF WASTE IS HELD FOR DELIVERY ELSEWHERE, SPECIFY THE DESIGNATED TSD FACILITY:					
㉑ HANDLING OR DISPOSAL METHOD: <input type="checkbox"/> Surface Impoundment <input type="checkbox"/> Landfill <input type="checkbox"/> Injection Well <input type="checkbox"/> Land Treatment <input type="checkbox"/> Treatment (Specify) _____ <input type="checkbox"/> Recovery or Reuse <input type="checkbox"/> Storage/Transfer					
㉒ NAME _____ EPA NO. _____					
㉓ Signature of Authorized Agent and Title					
㉔ 6-12-81 Date Accepted					

ORIGINAL